APPENDIX 6

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD LOS ANGELES REGION

EXAMPLE OF NOTICE OF TERMINATION TO COMPLY WITH THE TERMS OF REGIONAL BOARD ORDER R4-2005-0080 CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS FOR DISCHARGES FROM IRRIGATED LANDS

This document is to be used for Discharger Groups or Individual Dischargers that have been issued a Notice of Applicability (NOA) by the Executive Officer. Submission of the Notice of Termination constitutes official notification to the Regional Board that the Coalition Group or Individual Discharger identified below elects not to be covered under Order No. R4-2005-0080, Conditional Waiver of Waste Discharge Requirements for Discharges from Irrigated Lands.

1.
☐ If filing for a Discharger Group check box and complete 1,3,4,5,and 6

2.

If filing for an Individual check box and complete 2,3,4,5,and 6.

| 1. Bloomarger Group informa | | | | | |
|---|---------------------------------|-----------------|------------|---------------|---------------------------|
| Discharger Group | | | | | |
| Discharger Craum Denracentative | | | | | |
| Discharger Group Representative | | | | | |
| Mailing Address: | | | | | |
| - | | | | | |
| City: | County: | | Zip: | | Phone: |
| | | | | | |
| *The Discharger Group representative's | s information shall be included | ded in the abov | رم inform | ation box A M | lembershin Document shall |
| be included with the NOT. This membe | | | | | |
| whose participation is being terminated | | | | | |
| Township and Range and closest down | stream surface waterbody. | | | | |
| | | | | | |
| 2. Individual Discharger Info | rmation | | | | |
| Discharger Name: | | | | | |
| | | | | | |
| Facility Name | | | | | |
| 1 donity Name | | | | | |
| Physical Address: | | | | | |
| | | | | | |
| City: | County: | | Zip: | | Phone: |
| Mailing Address | | | | | |
| Walling / laar coo | | | | | |
| City | State | | | Zip | |
| | | | | | |
| Assessor's Parcel Number: | | Closest Surfac | ce Water a | and Distance: | |
| Township and Range: | | | | | |
| Township and Hange. | | | | | |
| Contact Person: | | | | | |
| | | | | | |
| | | | | | |

3. Billing Address (if different from above)

Mark only One Item:

1 Discharger Group Information*

| Name: | | | | | | | |
|---|------------------------|---|-------------------------|--|--------------------|--|--|
| Street Address: | | | | | | | |
| City: | Count | ty: | Zip: | Phone: | | | |
| Contact Person: | | | | | | | |
| 4. Site Information | n** | | | | | | |
| Street Address: | | | | | | | |
| City: | Count | County: | | Total size of site (acres): | | | |
| Latitude/longitude: | | | | | | | |
| Deg. | Min | Sec. W. | Deg | Min | Sec. W. | | |
| | ap (including property | y boundary and discharge oundaries, etc. | e area) and vicinity ma | ap (showing location i | in relationship to | | |
| 5. Facility Informa | tion | | | | | | |
| Type and Volume of Crops F | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Acreage of Irrigated Lands | | | | | | | |
| 0 0 | | | | | | | |
| | | | | | | | |
| 6. Reason for Terr | mination | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| I. Certification | | | | | | | |
| ertify under penalty o | of law that (1) I a | m not required to be | e covered under | the Conditional \ | Waiver of Wast | | |
| charge requirements | | | | | | | |
| attachments were pro | | | | | | | |
| ure that qualified pe iiry of the person or | | | | | | | |
| information, the info | | | | | | | |
| plete. I am aware | that there are | significant penaltie | s for submitting | false informatio | n, including the | | |
| sibility of fine and im ase a facility from lial | | | | s Notice of Term | ination does no | | |
| ted Name: | | | |): | | | |
| | | | | e <u>:</u> | | | |
| ature: | | | Dai | Ե <u>. </u> | | | |